have assessed the accuracy of this measure – none have been conducted in Australia – although there are a number of reasons for suspecting its validity. The present study examined and quantified the accuracy of Pap smear self-report among a randomly selected sample of women from the Newcastle community. Accuracy of Pap smear self-report within a 3 year period was assessed by comparison with pathology records. Results indicate that almost half of the women who have not had Pap smears within 3 years will be missed by a self-report measure of utilisation. Some implications for the measurement and use of self-report data are discussed.

## PASSIVE SMOKING AND CANCER AMONG FEMALE SEVENTH-DAY ADVENTISTS IN CALIFORNIA

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The relationship of passive smoking to the incidence of cancers was investigated among Californian Seventh-day Adventists. A spouse pairs cohort, consisting of 11,060 married couples was chosen from the 34,445 subjects of the Adventist Health Study cohort (1976-1982). Follow-up for ascertainment of cancer incidence and mortality was from 1976 to 1982. Passive smoking exposure for the "spouse pairs" was based on the husband's smoking status in marriage. The Mantel-Haenszel approach and an exact method for sparse data were used to calculate adjusted summary rate ratios (RR) and appropriate 95 per cent CL For non-smoking females age-adjusted rate ratios and (95% CI) for each outcome represent those females married to a smoker compared to those females married to a non-smoker. Lung cancer RR=2.01 (0.39-8.79), all smoking related cancers RR=1.22 (0.61-2.44); cervical cancer RR=4.86 (1.33-17.66) and all incident cancers RR=1.20 (0.94-1.54). The small number of cases for some outcomes and the possible misclassification of passive smoking exposure limited the ability to achieve conclusive results. However, the results indicate an adverse effect for passive smoke exposure and are consistent with other reported results.

## HEALTH STUDIES OF SEVENTH-DAY ADVENTISTS: A REVIEW

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This report reviews the results of two major prospective studies of Seventh-day Adventists in California and a number of studies in other countries. Seventh-day Adventists are a conservative evangelical Christian denomination whose members are encouraged to follow a healthy lifestyle. Smoking and drinking of alcoholic beverages are church proscriptions. Members are also recommended to avoid dietary items such as meat, poultry, fish, caffeine beverages, and highly refined foods. While the majority of members abstain from tobacco (95%) and alcohol (90%) there is a wide variation among other dietary factors. Approximately half of Adventists in Australia and North America follow a lacto-ovo vegetarian diet while the other half eat meat. The 21 year mortality follow-up (1960-1980) of 25,000 California Adventists showed that as compared to the general population, Adventists had a much lower risk of death (less than 50%) from lung cancer, coronary disease, large bowel cancer, stroke, diabetes, and all causes. Vegetarian Adventist men compared to Adventists who ate meat had a lower risk of fatal coronary disease, diabetes, and death from all causes. In the second major health study the 1976-1982 follow-up of 35,000 California Adventists, mortality and the incidence of cancer and ischaemic heart disease (IHD) was ascertained. A lower risk of IHD and several cancers was associated with a higher consumption of one or more of the following dietary items – fruits, vegetables, legumes, and nuts. Studies in other countries indicate that Adventists live from from two to nine years longer than the general population in those countries.

## OBSTETRIC OUTCOMES AMONG VIETNAMESE WOMEN

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The Migrant Health Unit examined the proposition that being of non-English speaking background was a 'risk' in pregnancy by detailed analysis of the experience of the largest and most geographically concentrated group, Vietnamese women.

The study related the characteristics of the South Australian population to inpatient statistics and survey material. One notable aspect of the information gathering was a survey, with the Family Planning Association, of Vietnamese women conducted by their peers.

Underlying the particular health problems of pregnancy is a litany of disadvantage experienced by Vietnamese people including low income and ownership rates for houses or cars. Those with jobs are likely to be labourers or machine operators. The most significant single difficulty is low English competence among Vietnamese women. According to service providers and the women themselves, the need for interpreting becomes critical and its lack acute at delivery.

Culture, too, was found to have an impact on the efficacy of health services. Many Vietnamese women do not share our society's experience of ante-natal care and do not seek these services. As a consequence, the identification of problems may be delayed and their effects increased. Tradition also has an impact during and after delivery, when a woman is believed to be "out of balance". The response to her expectations will dictate the comfort of the hospital stay and may be central to the outcome of the episode.

The paper cites the above and medical reasons such as Hepatitis B, particularly amongst refugees, for the over-representation of Vietnamese women in morbidity figures.

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